

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC.7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

		rectio	n of each violation is specified in the narrative portion of the			**	
Establishm				Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		
	157			502 548 9114			19 _ 40
1		٠.	nber and street, city, state, zip code)		12/2	1/20	19 - 40
157 E	: Main	<u> </u>	. Am Albay, W 47150	Dunnaga	Follow u	n Dalas	ga Dota
Owner /	1. 1.11.	,		Purpose:	Follow-up Release Date 10 days		
Owner's A	Willia ddress	<u>w3</u>		Routine	Summary of Violations:		
O WHEI STA				2. Follow-up Sumr 3. Complaint		mary or violations:	
Person in C	harge			4. Pre-Operational	C N NC 3 R		
Linda	W:11	an	f	5. Temporary		_	
Responsibl	e Person's	E-mai	1	6. HACCP	Menu Ty	pe (See back	t of page)
				7. Other (list)	1	3 X	/
Certified F	-		, (Z/18/25)		12	3_ X	_45
Linda	المادال			LICADIED 400	<u>. </u>		
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS" A	ND IN THE		
Section#	C/NC	R	Narrative Narrative	1. 1		•	orrected By
411	MC		Observed BOH light to not be	operational		<i> </i>	ruk
		<u> </u>	- maintenne is replacing tixtu	٧			
416	NC		- maintener is replacing fixfure Observed dead large in storage area light fixfure I week				ık
433	NC		Observed map make reading dragge	1		/ we	<u>ık</u>
			,				
							-
				-			
	 						
 						-	
				<u> </u>			
				<u> </u>			
	1	 					
Received by	DA 1	OLL	CIAM S	Inspected by (name and title A.)		gan (EHS)
Received b	(signature): //		Inspected by (signature):			
cc:	MAL	11_1	co:	cc;			